

United States of America
Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA5437SW

Project A5958SW-DS
PL-190

This certificate, issued to Frakes Aviation
Route 3
Cleburne, Texas

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 3 of the Civil Air Regulations.

Original Product — Type Certificate Number: 3A20
Make: Beech
Model: 65-90, 65-A90

Description of Type Design Change:

Installation of PT6A-11 or -11AG engines with Frakes Lower Cowling and
Modification of Cabin Pressurization System for engine bleed air
pressurization in accordance with Master Drawing List No. FA-5825, Revision
A, dated 5/11/83, or later FAA approved revision.

Limitations and Conditions:

FAA Approved Airplane Flight Manual Supplement dated May 27, 1983, is required.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

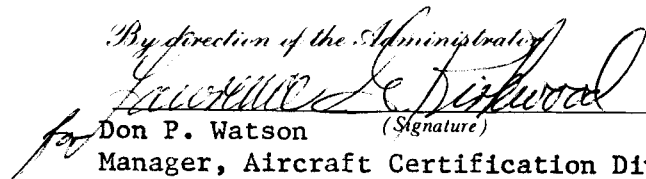
Date of application: September 27, 1982

Date reissued:

Date of issuance: May 27, 1983

Date amended:



By direction of the Administrator

for Don P. Watson (Signature)
Manager, Aircraft Certification Division
Southwest Region
(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____

(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____

(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____